

MATRIX REVENUE CODES

Units of service are required for every revenue code except 001 - Total Charge.

Each revenue code may only be used once. The last revenue code must be 001 - Total Charge.

The table on the next page lists the only revenue codes recognized by the Maryland Medical Assistance Program. Use of any other codes will result in either rejection or return of the invoice or non-payment of the individual revenue code.

The table also indicates that some of the codes are not used (NU), not payable (NP), or not covered (NC).

Finally, the table indicates the revenue codes which must be reported at a greater than zero level. Non - payable subheadings are identified, National non-assigned subheadings have not been included.

Revenue Code Subheading	Detail Greater Than Zero Level Required
01 X	X
10 X	
11 X	X
12 X	X
13 X	X
14 X	(NP)
15 X	X
16 X	
17 X	X
18 X	(NU)
20 X	X
21 X	
22 X	X
23 X	(NP)
24 X	
25 X	
26 X	
27 X	
28 X	
29 X	X
30 X	
31 X	
32 X	
33 X	X
34 X	
35 X	
36 X	
37 X	
38 X	
39 X	
40 X	
41 X	
42 X	
43 X	
44 X	
45 X	
46 X	
47 X	
48 X	
49 X	

NP - Not Payable

NU - Not Used

NC - Not Covered

Revenue Code Subheading	Detail Greater Than Zero Level Required
50 X	X
51 X	
52 X	(NP)
53 X	
54 X	X
55 X	(NP)
56 X	(NP)
57 X	(NP)
58 X	(NP)
59 X	(NP)
60 X	(NP)
61 X	
62 X	
63 X	(NP)
64 X	(NP)
65 X	
66 X	(NP)
70 X	
71 X	
72 X	
73 X	
74 X	
75 X	
76 X	
79 X	
80 X	X
81 X	
82 X	(NP)
83 X	(NP)
84 X	(NP)
85 X	(NP)
88 X	X
90 X	
91 X	X
92 X	X
94 X	X
96 X	X
97 X	X
98 X	X
99 X	(NP)

Revenue Code**Explanation of Code**

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Payer and Related Information

Rationale: To group items by payer and to assign similar items the same number.

001**Total Charge** This code will be your last entry in form Locator 42.**01X****Supplemental Charges**

Charges incurred due to a decrease in patient resources (216 or 206N), a smaller than expected third party payment, or for chronic facilities, a retroactive per diem rate increase.

NOTE: Negative adjustments are still processed through the Recoveries Division

Subcategory**Standard Abbreviation**

1-Resource Change
2-Third Party Liability Change
3-Per Diem Rate Change

SUPP RES CHNG
SUPP TPL CHNG
SUPP PDR CHNG

02 to 09x**NOT USED****10X****All Inclusive Rate**

Flat fee charge incurred on either a daily basis or total stay basis for services rendered. Charge may cover room and board plus ancillary services or room and board only.

Revenue codes 100 and 101 may not be used by Maryland general hospitals.

Subcategory**Standard Abbreviation**

0 - All Inclusive Room and
Board Plus Ancillary
1 - All Inclusive Room and
Board (Use this code if you
bill ancillaries separately from
room and board)

ALL INCL R&B/ANC
ALL INCL R&B

11X**Room & Board - Private/Medical or General** - Requires condition code 39 (Private Stay Medically Necessary), Justification Required on Form 3808.

Routine service charges for single bedrooms.

Rational: Most third party payers require that private rooms be separately identified.

Subcategory**Standard Abbreviation**

1 - Medical/Surgical/Gyn	MED-SUR-GY/PVT
2 - OB	OB/PVT
3 - Pediatric	PEDS/PVT
4 - Psychiatric	PSYCH/PVT
5 - Hospice (Not Payable)	HOSPICE/PVT
6 - Detoxification	DETOX/PVT
7 - Oncology	ONCOLOGY/PVT
8 - Rehabilitation	REHAB/PVT
9 - Other (written description required)	OTHER/PVT

12X**Room & Board - Semi-Private Two Bed (Medical or General)**

Routine service charges incurred for accommodations with two beds.

Rationale: Most third party payers require that semi-private rooms be identified.

Subcategory**Standard Abbreviation**

1 - Medical/Surgical/Gyn	MED-SUR-GY/2BED
2 - OB	OB/2BED
3 - Pediatric	PEDS/2BED
4 - Psychiatric	PSYCH/2BED
5 - Hospice (Not Payable)	HOSPICE/2BED
6 - Detoxification	DETOX/2BED
7 - Oncology	ONCOLOGY/2BED
8 - Rehabilitation	REHAB/2BED
9 - Other (written description required)	OTHER/2BED

13X**Semi-Private - Three and Four Beds**

Routine service charges incurred for accommodations with three and four beds.

Subcategory**Standard Abbreviation**

1 - Medical/Surgical/Gyn	MED-SUR-GY/3&4 BED
2 - OB	OB/3&4 BED
3 - Pediatric	PEDS/3&4 BED
4 - Psychiatric	PSYCH/3&4 BED
5 - Hospice (Not Payable)	HOSPICE/3&4 BED
6 - Detoxification	DETOX/3&4 BED
7 - Oncology	ONCOLOGY/3&4 BED
8 - Rehabilitation	REHAB/3&4 BED
9 - Other (written description required)	OTHER/3&4 BED

14X**Private (Deluxe) - (NOT PAYABLE)**

Deluxe rooms are accommodations with amenities substantially in excess of those provided to other patients.

15X**Room & Board Ward (Medical or General)**

Routine service charge for accommodations with five or more beds.

Rationale: Most third-party payers require ward accommodations to be identified.

Subcategory**Standard Abbreviation**

1 - Medical/Surgical/Gyn	MED-SUR-GY/WARD
2 - OB	OB/WARD
3 - Pediatric	PEDS/WARD
4 - Psychiatric	PSYCH/WARD
5 - Hospice (Not Payable)	HOSPICE/WARD
6 - Detoxification	DETOX/WARD
7 - Oncology	ONCOLOGY/WARD
8 - Rehabilitation	REHAB/WARD
9 - Other (written description required)	OTHER/WARD

16X**Other Room & Board**

Any routine service charges for accommodations that cannot be included in the more specific revenue center codes.

Rationale: Provides the ability to identify services as required by payers or individual institutions.

Sterile environment is a room and board charge to be used by hospitals that are currently separating this charge for billing.

<u>Subcategory</u>	<u>Standard Abbreviation</u>
0 - General Classification(Not payable)	R&B
4 - Sterile Environment (Not payable)	R&B/STERILE
7 - Self Care (Not payable)	R&B/SELF
9 - Administrative Days	ADMIN DAYS

17X**Nursery**

Charges for nursing care to newborn and premature infants in nurseries.

Rationale: Provides a breakdown of various levels of nursery care. Tertiary care is a level of care between premature and regular nursery care.

<u>Subcategory</u>	<u>Standard Abbreviation</u>
1 - Newborn	NURSERY/NEWBORN
2 - Premature	NURSERY/PREMIE
5 - NeoNatal ICU	NURSERY/ICU
9 - Sick baby, other than above	NURSERY/OTHER

18X**Leave of Absence (NOT USED)****19X****Not Assigned**

Revenue Code**Explanation of Code**

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20X**Intensive Care**

Routine service charge for medical or surgical care provided to patients who require a more intensive level of care than is rendered in the general medical or surgical unit.

Rationale: Most third-party payers require that charges for this service are to be identified.

Subcategory**Standard Abbreviation**

1 - Surgical	ICU/SURGICAL
2 - Medical	ICU/MEDICAL
3 - Pediatric	ICU/PEDS
4 - Psychiatric	ICU/PSTAY
6 - Post ICU	POST ICU
7 - Burn Care	ICU/BURN CARE
8 - Trauma	ICU/TRAUMA
9 - Other Intensive Care	ICU/OTHER
(written description required)	

21X**Coronary Care**

Routine service charge for medical care provided to patients with coronary illness who require a more intensive level of care than is rendered in the general medical care unit.

Rationale: If a discrete unit exists for rendering such services, the hospital or third party may wish to identify the service.

Subcategory**Standard Abbreviation**

0 - General Classification	CORONARY CARE
1 - Myocardial Infarction	CCU/MYO INFARC
2 - Pulmonary Care	CCU/PULMONARY
3 - Heart Transplant	CCU/TRANSPLANT
4 - Post-CCU	POST CCU
9 - Other Coronary Care	CCU/OTHER
(written description required)	

22X**Special Charges****Subcategory****Standard Abbreviation**

1 - Admission Charge	ADMIT CHARGE
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23X Incremental Nursing Charge Rate - (Not Payable)

Charge for nursing service part of room and board.

24X All Inclusive Ancillary - Not To Be Used By Maryland Hospitals

A flat rate charge incurred on either a daily basis or total stay basis for ancillary services only when authorized by the host states Medicaid Agency.

Rationale: Hospitals that bill in this manner may wish to segregate these charges.

<u>Subcategory</u>	<u>Standard Abbreviation</u>
0 - General Classification	ALL INCL ANCIL
9 - Other Inclusive Ancillary (written description required)	ALL INCL/ANCIL/OTHER

25X Pharmacy

Charges for medication produced, manufactured, packaged, controlled, assayed, dispensed and distributed under the direction of licensed pharmacist.

Rationale: Additional breakdowns are provided for items that individual hospitals may wish to identify because of internal or third party payer requirements.

<u>Subcategory</u>	<u>Standard Abbreviation</u>
0 - General Classification	PHARMACY
1 - Generic Drugs	DRUGS/GENERIC
2 - Non-Generic Drugs	DRUGS/NONGENERIC
3 - Take Home Drugs (not covered)	DRUGS/TAKEHOME
4 - Drugs Incident to Other Diagnostic Services (not covered)	DRUGS/INCIDENT OTHER DX
5 - Drugs Incident to Radiology (not covered)	DRUGS/INCIDENT RAD
6 - Experimental Drugs (not covered)	DRUGS/EXPERIMENT
7 - Non-Prescription Drugs	DRUGS/NONSCRIPT
8 - IV Solutions	IV SOLUTIONS
9 - Other Pharmacy (written description required)	DRUGS/OTHER

26X IV Therapy

Equipment charge or administration of intravenous solution by specially trained personnel to individuals requiring such treatment. This code should be used only when a discrete service unit exists.

Revenue Code**Explanation of Code**

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Rationale: For outpatient home intravenous drug therapy equipment, which is part of the basic per diem fee schedule, providers must identify the actual cost for each type of pump for updating of the per diem.

Subcategory**Standard Abbreviation**

0 - General Classification

IV THERAPY

1 - Infusion Pump

IV THER/INFSN PUMP

9 - Other IV Therapy (written
description required)

IV THERAPY/OTHER

27X**Medical/Surgical Supplies and Devices (Also see 62X, an extension of 27X)**

Charges for supply items required for patient care.

Rationale: Additional breakdowns are provided for items that hospitals may wish to identify because of internal third party payer requirements.

<u>Subcategory</u>	<u>Standard Abbreviation</u>
0 - General Classification	MED-SUR SUPPLIES
1 - Non Sterile Supply	NON-STER SUPPLY
2 - Sterile Supply	STERILE SUPPLY
3 - Take Home Supplies (Not payable)	TAKEHOME SUPPLY
4 - Prosthetic/Orthotic Devices	PROSTH/ORTH DEV
5 - Pace maker	PACE MAKER
6 - Intraocular Lens	INTRA OC LENS
7 - Oxygen - Take Home (Not payable)	O2/TAKEHOME
8 - Other Implants (written description required)	SUPPLY/IMPLANTS
9 - Other Supplies/Devices (written description required)	SUPPLY/OTHER

28X**Oncology**

Charges for the treatment of tumors and related diseases.

<u>Subcategory</u>	<u>Standard Abbreviation</u>
0 - General Classification	ONCOLOGY
9 - Other Oncology (written description required)	ONCOLOGY/OTHER

29X**Durable Medical Equipment (Other Than Renal)**

Charge for medical equipment obtained for home use that can withstand repeated use (excluding rental equipment) which is not attached to the patient in some permanent fashion.

Rationale: Medicare requires a separate revenue center for billing.

Subcategory**Standard Abbreviation**

1 - Rental	MED EQUIP/RENT
2 - Purchase of new DME	MED EUQIP/NEW
3 - Purchase of used DME	MED EQUIP/USED
9 - Other Equipment (written description required)	MED EQUIP/OTHER

30X**Laboratory**

Charges for the performance of diagnostic and routine clinical laboratory tests.

Rationale: A breakdown of the major areas in the laboratory is provided in order to meet hospital needs or third party billing requirements.

Subcategory**Standard Abbreviation**

0 - General Classification	LABORATORY(LAB)
1 - Chemistry	LAB/CHEMISTRY
2 - Immunology	LAB/IMMUNOLOGY
3 - Renal Patient (Home)	LAB/RENAL HOME
4 - Non-Routine Dialysis	LAB/NR DIALYSIS
5 - Hematology	LAB/HEMATOLOGY
6 - Bacteriology & Microbiology	LAB/BACT-MICRO
7 - Urology	LAB/UROLOGY
9 - Other Laboratory (written description required)	LAB/OTHER

31X**Laboratory Pathological**

Charges for diagnostic and routine laboratory tests on tissues and culture.

Rationale: A breakdown of the major areas that hospitals may wish to identify is provided.

Subcategory**Standard Abbreviation**

0 - General Classification	PATHOLOGY LAB OR (PATH LAB)
1 - Cytology	PATHOL/CYTOLOGY
2 - Histology	PATHOL/HYSTOL
4 - Biopsy	PATHOL/BIOPSY
9 - Other (written description required)	PATHOL/OTHER

32X**Radiology - Diagnostic**

Charges for diagnostic radiology services provided for the examination and care of patients. Includes: taking, processing, examining and interpreting radiographs and fluorographs.

Rationale: A breakdown is provided of the major areas and procedures that individual hospitals or third party payers may wish to identify.

Subcategory**Standard Abbreviation**

0 - General Classification	DX X-RAY
1 - Angiocardiology	DX X-RAY/ANGIO
2 - Arthrography	DX X-RAY/ARTH
3 - Arteriography	DX X-RAY/ARTER
4 - Chest X-Ray	DX X-RAY/CHEST
9 - Other (written description required)	DX X-RAY/OTHER

33X**Radiology - Therapeutic**

Charges for therapeutic radiology services and chemotherapy are required for care and treatment of patients. Includes therapy by injection or ingestion of radioactive substances.

Rationale: A breakdown is provided of the major areas that hospitals or third parties may wish to identify.

Subcategory**Standard Abbreviation**

0 - General Classification	RX X-RAY
1 - Chemotherapy - Injected	CHEMOTHER/INJ
2 - Chemotherapy - Oral	CHEMOTHER/ORAL
3 - Radiation Therapy	RADIATION RX
5 - Chemotherapy - IV	CHEMOTHERP-IV
9 - Other (written description required)	RX X-RAY/OTHER

34X**Nuclear Medicine**

Charges for procedures and tests performed by a radioisotope laboratory utilizing radioactive materials as required for diagnosis and treatment of patients.

Rationale: A breakdown is provided in case hospitals desire or are required to identify the type of service rendered.

Subcategory**Standard Abbreviation**

0 - General Classification	NUCLEAR MEDICINE OR (NUC MED)
1 - Diagnostic	NUC MED/DX
2 - Therapeutic	NUC MED/RX
9 - Other (written description required)	NUC MED/OTHER

35X**CT Scan**

Charges for computed tomographic scans of the head and other parts of the body.

Rationale: Due to coverage limitations, some third party payers require that the specific test be identified.

Subcategory**Standard Abbreviation**

0 - General Classification	CT SCAN
1 - Head Scan	CT SCAN/HEAD
2 - Body Scan	CT SCAN/BODY
9 - Other (written description required)	CT SCAN/OTHER

36X**Operating Room Services**

Charges for services provided to patients by specifically trained nursing personnel who provide assistance to physicians in the performance of surgical and related procedures during and immediately following surgery.

Revenue Code**Explanation of Code**

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Rationale: Permits identification of particular services

<u>Subcategory</u>	<u>Standard Abbreviation</u>
0 - General Classification	OR SERVICES
1 - Minor Surgery	OR/MINOR
2 - Organ Transplant-other than kidney	OR/ORGAN TRANS
7 - Kidney Transplant	OR/KIDNEY TRANS
9 - Other Operating Room Services (written description required)	OR/OTHER

37X**Anesthesia**

Charges for anesthesia services in a hospital.

Rationale: Provides additional identification of services. In particular, acupuncture was identified because it is not covered by some payers, including Medicare. Subcode 1 is for providers that cannot bill anesthesia administered for radiology procedures under radiology. Subcode 2 is for providers that cannot bill anesthesia administered for other diagnostic procedures.

<u>Subcategory</u>	<u>Standard Abbreviation</u>
0 - General Classification	ANESTHESIA
1 - Anesthesia Incident to Radiology	ANESTHESIA/INCIDENT RAD
2 - Anesthesia Incident to Other Diagnostic Services	ANESTH/INDCT OTHER DX
4 - Acupuncture (Not Payable)	ANESTHE/ACUPUNC
9 - Other Anesthesia (written description required)	ANESTHE/OTHER

38X**Blood**

Rationale: Charges for blood must be separately identified for private payer purposes.

Subcategory**Standard Abbreviation**

0 - General Classification	BLOOD
1 - Packed Red Cells	BLOOD/PKD RED
2 - Whole Blood	BLOOD/WHOLE
3 - Plasma	BLOOD/PLASMA
4 - Platelets	BLOOD/PLATELETS
5 - Leukocytes	BLOOD/LEUKOCYTES
6 - Other Components	BLOOD/COMPONENTS
7 - Other Derivatives (Cryoprecipitates)	BLOOD/DERIVATIVES
9 - Other Blood (written description required)	BLOOD/OTHER

39X**Blood Storage and Processing**

Charges for the storage and processing of whole blood.

Subcategory**Standard Abbreviation**

0 - General Classification	BLOOD/STOR-PROC
1 - Blood Administration	BLOOD/ADMIN
9 - Other Blood Storage & Processing (written description required)	BLOOD/OTHER

40X**Other Imaging Services****Subcategory****Standard Abbreviation**

0 - General Classification	IMAGE SERVICE
1 - Diagnostic Mammography	DIAG MAMMOGRAPHY
2 - Ultrasound	ULTRASOUND
3 - Screening Mammography	SCRN MAMMOGRAPHY
4 - Positron Emission Tomography	PET SCAN
9 - Other Imaging Services (written description required)	OTHER IMAG SVS

41X**Respiratory Services**

Charges for administration of oxygen and certain potent drugs through inhalation or positive pressure and other forms of rehabilitative therapy through measurement of inhaled and exhaled gases and analysis of blood and evaluation of the patients ability to exchange oxygen and other gases.

Rationale: Permits identification of particular services.

Subcategory**Standard Abbreviation**

0 - General Classification

RESPIRATORY SVC

2 - Inhalation Services

INHALATION SVC

3 - Hyperbaric Oxygen Therapy

HYPERBARIC 02

9 - Other Respiratory Services

OTHER RESPIR SVS

(written description required)

42X**Physical Therapy**

Charges for therapeutic exercises, massage and utilization of effective properties of light, heat, cold, water, electricity, and assistive devices for diagnosis and rehabilitation of patients who have neuromuscular, orthopedic and other disabilities.

Rationale: Permits identification of particular services.

Subcategory**Standard Abbreviation**

0 - General Classification

PHYSICAL THERAPY

1 - Visit Charge

PHYS THERP/VISIT

2 - Hourly Charge

PHYS THERP/HOUR

3 - Group Rate

PHYS THERP/GROUP

4 - Evaluation or Re-Evaluation

PHYS THERP/EVAL

9 - Other Physical Therapy

OTHER PHYS THER

(written description required)

43X**Occupational Therapy**

Charges for teaching manual skills and independence in personal care to stimulate mental and emotional activity on the part of patients.

Revenue Code**Explanation of Code**

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Subcategory**Standard Abbreviation**

0 - General Classification	OCCUPATION THER
1 - Visit Charge	OCCUP THERP/VISIT
2 - Hourly Charge	OCUPP THERP/HOUR
3 - Group Rate	OCCUP THER/GROUP
4 - Evaluation or Re-evaluation	OCCUP THER/EVAL
9 - Other Occupational Therapy (written description required)	OTHER OCCUP THER

44X**Speech-Language Pathology**

Charges for services provided to persons with impaired function communications skills.

Subcategory**Standard Abbreviation**

0 - General Classification	SPEECH PATHOL
1 - Visit Charge	SPEECH PATH/VISIT
2 - Hourly Charge	SPEECH PATH/HOUR
3 - Group Rate	SPEECH PATH/GROUP
4 - Evaluation or Re-evaluation	SPEECH PATH/EVAL
9 - Other Speech/Language Pathology (written description required)	OTHER SPEECH PAT

45X**Emergency Room**

Charges for emergency treatment to those ill and injured persons who require immediate unscheduled medical or surgical care.

Rationale: Permits identification of particular items for payers.

Subcategory**Standard Abbreviation**

0 - General Classification	EMERG ROOM
9 - Triage	TRIAGE/MAC RECIPIENTS ONLY

46X**Pulmonary Function**

Charges for tests that measure inhaled and exhaled gases and analysis of blood and for tests that evaluate the patient's ability to exchange oxygen and other gases.

Rationale: Permits identification of this service if it exists in the hospital.

Subcategory**Standard Abbreviation**

0 - General Classification

PULMONARY FUNC

9 - Other Pulmonary Function

OTHER PULMON FUNC

(written description required)

47X**Audiology**

Charges for the detection and management of communication handicaps centering in whole or in part on the hearing function.

Rationale: Permits identification of particular services.

Subcategory**Standard Abbreviation**

0 - General Classification

AUDIOLOGY

1 - Diagnostic

AUDIOLOGY/DX

2 - Treatment

AUDIOLOGY/RX

9 - Other Audiology (written
description required)

OTHER AUDIOL

48X**Cardiology**

Charges for cardiac procedures rendered in a separate unit within the hospital. Such procedures include, but are not limited to: heart catheterization, coronary angiography, Swan-Ganz catheterization, and exercise stress test.

Rationale: This category was established to reflect a growing trend to incorporate these charges in a separate unit.

Subcategory**Standard Abbreviation**

0 - General Classification

CARDIOLOGY

1 - Cardiac Cath Lab

CARDIAC CATH LAB

2 - Stress Test

STRESS TEST

9 - Other Cardiology (written
description required)

OTHER CARDIOL

49X**Ambulatory Surgical Care**

Charges for ambulatory surgery which are not covered by other categories.

Subcategory**Standard Abbreviation**

0 - General Classification

AMBUL SURG

9 - Other Ambulatory Surgical Care
(written description required)

OTHER AMBUL SURG

50X**Outpatient Services (To be used on inpatient bill only)**

Outpatient charges for services rendered to an outpatient who is admitted as an inpatient before midnight of the day following the date of service. These charges are incorporated on the inpatient bill.

Subcategory**Standard Abbreviation**9 - Other Outpatient Services
(written description required)

OUTPATIENT/OTHER

51X**Clinic**

Clinic (non-emergency/scheduled outpatient visit) charges for providing diagnostic, preventive, curative, rehabilitative, and education services on a scheduled basis to ambulatory patients.

Rationale: Provides a breakdown of some clinics that hospitals or third party payers may require.

Subcategory**Standard Abbreviation**

0 - General Classification

CLINIC

1 - Chronic Pain Center

CHRONIC PAN CL

Revenue Code**Explanation of Code**

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2 - Dental Clinic	DENTAL CLINIC
3 - Psychiatric Clinic	PSYCH CLINIC
4 - OB-GYN Clinic	OB-GYN CLINIC
5 - Pediatric Clinic	PEDS CLINIC
7 - MAC Only Primary Clinical, Medicaid	PRI-CARE, MED (MAC ONLY)
8 - MAC Only, Specialty Clinical, Medicaid	SPEC-CARE, MED (MAC ONLY)
9 - Other Clinic (written description required)	OTHER CLINIC

52X Free-Standing Clinic - Not Covered**53X Osteopathic Services - Hospital Charges**

Charges for a structural evaluation of the cranium, entire cervical, dorsal and lumbar spine by a doctor of osteopathy.

Rationale: This is a service unique to osteopathic hospitals and cannot be accommodated in any of the existing codes. The use of this revenue code is restricted to a hospital charging for osteopathic services.

<u>Subcategory</u>	<u>Standard Abbreviation</u>
0 - General Classification	OSTEOPATH SVS
1 - Osteopathic Therapy	OSTEOPATH RX
9 - Other Osteopathic Services	OTHER OSTEOPATH

54X Ambulance

Charges for ambulance service, usually on an unscheduled basis to the ill and injured who require immediate medical attention.

Rationale: Provides subcategories that third party payers or hospitals may wish to recognize. Heart mobile is a specifically designed ambulance transport for cardiac patients.

Subcategory**Standard Abbreviation**

0 - General Classification (NP)	AMBULANCE
1 - Supplies (NP)	AMBUL/SUPPLY
2 - Medical Transport	AMBUL/MED TRANS
3 - Heart Mobile (NP)	AMBUL/HEARTMOBL
4 - Oxygen (NP)	AMBUL/OXY
5 - Air Ambulance (NP)	AIR AMBULANCE
6 - Neonatal Ambulance Services (NP)	AMBUL/NEONAT
7 - Pharmacy (NP)	AMBUL/PHARMACY
8 - Telephone Transmission EKG	AMBUL/TELEPHONIC EKG
9 - Other Ambulance (written description required)	OTHER AMBULANCE

55X Skilled Nursing - NOT PAYABLE UNDER THE HOSPITAL PROGRAM

56X Medical Social Services - NOT PAYABLE

57X Home Health Aide (Home Health) - NOT PAYABLE

58X Other Visits (Home Health) - NOT PAYABLE

59X Units of Service (Home Health) - NOT PAYABLE

60X Oxygen (Home Health) - NOT PAYABLE

61X MRI

Charges for Magnetic Resonance Imaging of the Brain and other parts of the body.

Rationale: Due to coverage limitations some third party payers require that the specific test be identified.

<u>Subcategory</u>	<u>Standard Abbreviation</u>
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0 - General Classification	MRI
1 - Brain (including brainstem)	MRI - BRAIN
2 - Spinal Cord (including spine)	MRI - SPINE
9 - Other MRI	MRI - OTHER

62X**Medical/Surgical Supplies - Extension of 27X**

Charges for supply items required for patient care. The category is an extension of 27X for reporting additional breakdown where needed. Subcode 1 is for providers that cannot bill supplies used for radiology procedures under radiology. Subcode 2 is for providers that cannot bill supplies used for other diagnostic procedures.

<u>Subcategory</u>	<u>Standard Abbreviation</u>
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1 - Supplies incident to radiology	MED-SUR SUPP/INCDNT RAD
2 - Supplies incident to other diagnostic services	MED-SUR SUP/INCDNT ODX

63X**Drugs Requiring Specific Identification - NOT PAYABLE****64X****Home IV Therapy Services - NOT PAYABLE****65X****Hospice Service**

Charges for hospice care services for a terminally ill patient if he elects these services in lieu of other services for the terminal condition.

Rationale: The level of hospice care provided for each day during a hospice election period determines the amount of Medicare payment for that day.

<u>Subcategory</u>	<u>Standard Abbreviation</u>
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0 - Medicare Respite Coinsurance	HOSPICE/RESPITE COINS
1 - Routine Home Care	HOSPICE/RTN HOME

Revenue Code**Explanation of Code**

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2 - Continuous Home Care	HOSPICE/CTNS HOME
3 - Room and Board Routine	HOSPICE/RBRTN
4 - Room and Board Special	HOSPICE/RBSPEC
5 - Inpatient Respite Care	HOSPICE/IP RESPITE
6 - General Inpatient Care (Non-respite)	HOSPICE/IP NON-RESPITE
7 - Room and Board Hospice	HOSPICE/RB
9 - Medicare Drug Coinsurance	HOSPICE/DRUG COINS

66X Respite Care (HHA only) - NOT PAYABLE

67X Not Assigned

68X Not Assigned

69X Not Assigned

70X Cast Room

Charges for services related to the application, maintenance and removal of casts.

Rationale: Permits identification of this service if necessary.

<u>Subcategory</u>	<u>Standard Abbreviation</u>
0 - General Classification	CAST ROOM
9 - Other Cast Room (written description required)	OTHER CAST ROOM

71X Recovery Room

Rationale: Permits identification of particular services if necessary.

<u>Subcategory</u>	<u>Standard Abbreviation</u>
0 - General Classification	RECOVERY ROOM
9 - Other Recovery Room (written description required)	OTHER RECOV RM

72X**Labor Room/Delivery**

Charges for labor and delivery room services provided by specially trained nursing personnel to patients including prenatal care during labor, assistance during delivery, postnatal care in the recovery room, and minor gynecological procedures if they are performed in the delivery suite.

Rationale: Provides a breakdown of items that may require further clarification. Infant circumcision is included because it is not covered by all third party payers.

<u>Subcategory</u>	<u>Standard Abbreviation</u>
0 - General Classification	DELIVEROOM/LABOR
1 - Labor	LABOR
2 - Delivery	DELIVERY ROOM
3 - Circumcision	CIRCUMCISION
4 - Birthing Center	BIRTHING CENTER
9 - Other Labor Room/Delivery (written description required)	OTHER/DELIV-LABOR

73X**EKG/ECG (Electrocardiogram)**

Charges for operation of specialized equipment to record electromotive variations in actions of the heart muscle on an electrocardiography for diagnosis of heart ailments.

<u>Subcategory</u>	<u>Standard Abbreviation</u>
0 - General Classification	EKG/ECG
1 - Holter Monitor	HOLTER MONT
2 - Telemetry (includes fetal monitoring)	TELEMETRY
9 - Other EKG/ECG (written description required)	OTHER EKG-ECG

74X**EEG (Electroencephalogram)**

Charges for operation of specialized equipment to measure impulse frequencies and differences in electrical potential in various areas of the brain to obtain data for use in diagnosing brain disorders.

Revenue Code**Explanation of Code**

25

Subcategory**Standard Abbreviation**

0 - General Classification

EEG

9 - Other EEG

OTHER EEG

(written description required)

75X**Gastro Intestinal Services**

Procedure room charges for endoscopic procedures not performed in the operating room.

Subcategory**Standard Abbreviation**

0 - General Classification

GASTR-INST SVS

9 - Other Gastro-Intestinal

OTHER GASTRO-INTS

(written description required)

76X**Treatment/Observation Room**

Charges for the use of a treatment room; or for the room charge associated with outpatient observation services.

Subcategory**Standard Abbreviation**

0 - General Classification

TREATMENT/OBSERVATION RM

1 - Treatment Room

TREATMENT RM

2 - Observation Room

OBSERVATION RM

9 - Other Treatment/Observation Room

OTHER TREAT/OBSERV RM

(written description required)

77X**Not Assigned****78X****Not Assigned****79X****Lithotripsy**

Charges for the use of lithotripsy in the treatment of kidney stones

Subcategory**Standard Abbreviation.**

0 - General Classification

LITHOTRIPSY

9 - Other Lithotripsy
(written description required)

LITHOTRIPSY/OTHER

80X**Inpatient Renal Dialysis**

A waste removal process performed in an inpatient setting, that uses an artificial kidney when the body's own kidneys have failed. The waste may be removed directly from the blood (hemodialysis) or indirectly from the blood by flushing a special solution between the abdominal covering and the tissue (peritoneal dialysis).

Rationale: Specific identification required for billing purposes.

Subcategory**Standard Abbreviation**

1 - Inpatient Hemodialysis

DIALY/INPT

2 - Inpatient Peritoneal (Non-CAPD)

DIALY/INPT/PER

3 - Inpatient Continuous Ambulatory
Peritoneal Dialysis (CAPD)

DIALY/INPT/CAPD

4 - Inpatient Continuous Cycling
Peritoneal Dialysis (CCPD)

DIALY/INPT/CCPD

9 - Other Inpatient Dialysis
(written description required)

DIALY/INPT/OTHER

81X**Organ Acquisition**

The acquisition of a kidney, liver or heart for use in transplantation.

Rationale: Living donor is a living person from whom a kidney is obtained for transplantation. Cadaver is an individual, who has been pronounced dead according to medical and legal criteria, from whom a kidney, liver or heart is obtained for transplantation.

Medicare requires detailed revenue coding; therefore, codes for this series may not be summed at the zero level.

<u>Subcategory</u>	<u>Standard Abbreviation</u>
0 - General Classification	ORGAN ACQUISIT
1 - Living Donor	LIVING DONOR
2 - Cadaver Donor	CADAVER DONOR
3 - Unknown Donor	UNKNOWN DONOR
4 - Other Kidney Acquisition	KIDNEY/OTHER
5 - Cadaver Donor - Heart	HEART/CADAVER
6 - Other Heart Acquisition	HEART/OTHER
7 - Donor - Liver	LIVER ACQUISIT
9 - Other Donor	OTHER DONOR
(written description required)	

82X Hemodialysis - Outpatient or Home - NOT PAYABLE

83X Peritoneal Dialysis - Outpatient or Home - NOT PAYABLE

**84X Continuous Ambulatory Peritoneal Dialysis (CAPD) - Outpatient or Home
NOT PAYABLE**

**85X Continuous Cycling Peritoneal Dialysis (CCPD) - Outpatient or Home
NOT PAYABLE**

86X Reserved for Dialysis (National Assignment)

87X Reserved for Dialysis (National Assignment)

88X Miscellaneous Dialysis

Charges for dialysis services not identified elsewhere.

Rationale: Ultrafiltration is the process of removing excess fluid from the blood of dialysis patients by using a dialysis machine but without the dialysate solution. The designation is only used when the procedure is not performed as part of a normal dialysis session.

Subcategory**Standard Abbreviation**

1 - Ultrafiltration
9 - Misc. Dialysis Other
(written description required)

DIALY/ULTRAFILT
DIALY/MISC/OTHER

89X Reserved for National Assignment**90X Psychiatric/Psychological Treatments****Subcategory****Standard Abbreviation**

0 - General Classification
1 - Electroshock Treatment
2 - Milieu Therapy
3 - Play Therapy
4 - Activity Therapy
9 - Other (written description required)

PSYCH TREATMENT
ELECTRO SHOCK
MILIEU THERAPY
PLAY THERAPY
ACTIVITY THERAPY
OTHER PSYCH RX

91X Psychiatric/Psychological Services

Charges for providing nursing care and employee, professional services for emotionally disturbed patients, including patients admitted for diagnosis and those admitted for treatment.

Rationale: Provides additional identification of service as necessary.

Subcategory**Standard Abbreviation**

0 - General Classification
1 - Rehabilitation
2 - Partial Hospitalization
4 - Individual Therapy
5 - Group Therapy
6 - Family Therapy
7 - Bio Feedback
8 - Testing
9 - Other (written description required)

PSYCH SERVICES
PSYCH/REHAB
PSYCH/PARTIAL HOSP
PSYCH/INDIV RX
PSYCH/GROUP RX
PSYCH/FAMILY RX
PSYCH/BIOFEED
PSYCH/TESTING
PSYCH/OTHER

92X**Other Diagnostic Services**

Charges for other diagnostic services not otherwise categorized.

Subcategory**Standard Abbreviation.**

1 - Peripheral Vascular Lab	PERI VASCUL LAB
2 - Electromyelogram	EMG
3 - Pap Smear	PAP SMEAR
4 - Allergy Test	ALLERGY TEST
5 - Pregnancy Test	PREG TEST
9 - Other Diagnostic Service (written description required)	ADDITIONAL DX SVS

93X**Not Assigned****94X****Other Therapeutic Services**

Charges for other therapeutic services not otherwise categorized.

Subcategory**Standard Abbreviation**

1 - Recreational Therapy (Not Payable)	RECREATION RX
2 - Education/Training	EDUC/TRAINING
3 - Cardiac Rehabilitation	CARDIAC REHAB
4 - Drug Rehabilitation	DRUG REHAB
5 - Alcohol Rehabilitation	ALCOHOL REHAB
6 - Complex Medical Equipment - Routine (Not Payable)	CMPLX MED EQUIP - ROUT
7 - Complex Medical Equipment - Ancillary (Not Payable)	CMPLX MED EQUIP - ANC
9 - Other Therapeutic Services (written description required)	ADDITIONAL RX SVS

95X**Not Assigned****96X****Professional Fees - Detail Beyond 0 Required**

Charges for medical professionals that the hospitals or third party payers require to be separately identified on the billing form. Services that were not identified separately prior to uniform billing implementation should not be separately identified on the uniform bill.

Subcategory**Standard Abbreviation**

1 - Psychiatric	PRO FEE/PSYCH
2 - Ophthalmology	PRO FEE/EYE

3 - Anesthesiologist (MD)	PROF FEE/ANES MD
4 - Anesthetist (CRNA) (Not Payable)	PROF FEE/ANES CRNA
9 - Other Professional Fees (written description required)	OTHER PRO FEE

97X

Professionals Fees (cont'd.) - Detail Beyond 0 Required

<u>Subcategory</u>	<u>Standard Abbreviation</u>
1 - Laboratory	PRO FEE/LAB
2 - Radiology - Diagnostic	PRO FEE/RAD/DX
3 - Radiology - Therapeutic	PRO FEE/RAD/RX
4 - Radiology - Nuclear Medicine	PRO FEE/NUC MED
5 - Operating Room	PRO FEE/OR
6 - Respiratory Therapy	PRO FEE/RESPIR
7 - Physical Therapy (Not Payable)	PRO FEE/PHYSI
8 - Occupational Therapy (Not Payable)	PRO FEE/OCCUPA
9 - Speech Therapy (Not Payable)	PRO FEE/SPEECH

98X

Professional Fees (cont'd.) - Detail Beyond 0 Required

<u>Subcategory</u>	<u>Standard Abbreviation</u>
1 - Emergency Room	PRO FEE/ER
2 - Outpatient Services	PRO FEE/OUTPT
3 - Clinic	PRO FEE/CLINIC
4 - Medical Social Services (Not Payable)	PRO FEE/SOC SVC
5 - EKG	PRO FEE/EKG
6 - EEG	PRO FEE/EEG
7 - Hospital Visit (Not Payable)	PRO FEE/HOS VIS
8 - Consultation (Not Payable)	PRO FEE/CONSULT
9 - Private Duty Nurse (Not Payable)	FEE/PVT NURSE

99X

Patient Convenience Items - NOT PAYABLE